



Senate

General Assembly

File No. 591

February Session, 2008

Substitute Senate Bill No. 303

Senate, April 14, 2008

The Committee on Appropriations reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CREATING A COMPREHENSIVE SYSTEM FOR CHILDREN AND FAMILIES FROM BIRTH TO AGE FIVE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2008*) (a) The Office of Policy and
2 Management, the Departments of Social Services, Education, Public
3 Health, and Children and Families, the Office of the Child Advocate,
4 the Commission on Children and the Children's Trust Fund shall
5 develop a model for master contracting to improve child outcomes and
6 deliver outcome-focused, integrated services to children, from birth to
7 five years of age, and the families of such children. Such model shall
8 promote collaborative management across departments and agencies
9 and promote work with local communities to implement strategies
10 that focus on families and children with an outcome based system.

11 (b) For purposes of the development of the model for master
12 contracting, the agencies described in subsection (a) of this section
13 shall: (1) Identify appropriate opportunities for master contracts that
14 align services and meet the holistic needs of children and families; (2)

15 develop a methodology and protocols for master contracting,
16 including the requirements for state agencies and local grantees; (3)
17 ensure an accountability framework that incorporates results-based
18 accountability principles; (4) identify any common requirements for
19 funding from various sources and any waiver provisions related to
20 such requirements that can be accommodated by the model contract;
21 (5) identify barriers under state or federal law to the effective
22 utilization of the model; (6) work with qualified local planning groups
23 to determine the most effective means of structuring the contract
24 requirements; and (7) focus the model contract in the program areas of
25 maternal and child health, literacy, family support and early care and
26 education, but not limit the contract to such areas.

27 (c) The model for master contracting shall (1) include research-based
28 practices, (2) align categorical funding streams, (3) adopt common
29 population outcomes for program implementation, (4) include
30 monitoring and evaluation of outcomes using results-based
31 accountability principles, and (5) establish protocols to work
32 collaboratively with local communities and providers.

33 (d) The model for master contracting shall seek to achieve the
34 following outcomes: (1) Decrease the incidences of low birth weight;
35 (2) increase prenatal care; (3) increase breastfeeding; (4) increase well-
36 child visits; (5) increase early detection and prevention screening and
37 assessment; (6) decrease the incidences of teen pregnancy; (7) increase
38 quality infant, toddler and child care capacity; and (8) increase the
39 sharing of information across agencies.

40 (e) The following services shall be coordinated under such model to
41 achieve the outcomes outlined in subsection (d) of this section: (1)
42 System prenatal care; (2) home visitation services; (3) nutrition; (4)
43 lactation counseling; (5) early screening and intervention services; (6)
44 family safety net services to meet basic needs; and (7) other services
45 deemed necessary to promote the health and well-being of the mother,
46 father and child.

47 (f) The model for master contracting shall provide for prevention

48 strategies based on the following: (1) Serving families within the
 49 context of their families and communities; (2) utilizing strength-based
 50 approaches; (3) ensuring that services and systems are culturally
 51 competent; (4) emphasizing targeted research-based interventions; (5)
 52 organizing services into a coherent system; (6) establishing service
 53 delivery pathways that are comprehensive and easy to navigate; and
 54 (7) focusing on performance measures to ensure that services are
 55 accountable, effective and accessible to the consumer.

56 (g) The Early Childhood Education Cabinet shall establish, within
 57 available appropriations, a demonstration pilot in a local community
 58 to implement the model for master contracting, as outlined in
 59 subsections (a) to (f), inclusive, of this section.

60 (h) On or before February 1, 2009, and annually thereafter, the
 61 Commissioner of Social Services and the Secretary of the Office of
 62 Policy and Management shall jointly report, in accordance with section
 63 11-4a of the general statutes, on the progress made toward achieving
 64 the objectives of the model for master contracting to the joint standing
 65 committees of the General Assembly having cognizance of matters
 66 relating to appropriations and the budgets of state agencies, human
 67 services and public health.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2008	New section

KID	<i>Joint Favorable Subst. C/R</i>	HS
HS	<i>Joint Favorable C/R</i>	APP
APP	<i>Joint Favorable</i>	

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Various State Agencies	GF - Cost	Minimal	Minimal

Municipal Impact: None

Explanation

This bill requires the Office of Policy and Management, the Departments of Social Services, Education, Public Health, and Children and Families, the Office of the Child Advocate, the Commission on Children and the Children's Trust Fund to develop a model for master contracting to improve child outcomes. It is expected that these agencies will incur a minimal administrative cost to develop this model.

Subsection (g) of the bill requires the Early Childhood Cabinet (a line item in the State Department of Education (SDE) budget) to establish a demonstration pilot in a local community to implement the model for master contracting. No distinct funds have been provided to the SDE for this purpose. It is thus assumed that the requirements of this subsection would be carried out with the funds already provided to the Early Childhood Cabinet. The FY 09 budget appropriates \$1,050,000 to the cabinet and carries forward up to an additional \$600,000 of funds appropriated for FY 08 in to FY 09.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 303*****AN ACT CREATING A COMPREHENSIVE SYSTEM FOR CHILDREN AND FAMILIES FROM BIRTH TO AGE FIVE.*****SUMMARY:**

This bill directs eight state agencies to develop a model for master contracting to improve child outcomes and deliver outcome-focused, integrated services to children from birth to age five and their families. It must seek to achieve the following outcomes: (1) decreased low birth weight and teen pregnancy rates and (2) increased prenatal care; well-child visits; breastfeeding; early detection and prevention screening and assessment; quality infant, toddler, and child care capacity; and cross-agency information sharing.

The model must promote (1) collaborative management across departments and agencies and (2) work with local communities to implement strategies that focus on families and children with an outcome-based system.

The bill directs the Early Childhood Education Cabinet, within appropriations, to establish a demonstration pilot in a local community to implement the model for master contracting.

EFFECTIVE DATE: July 1, 2008

AGENCIES' RESPONSIBILITIES

The state agencies that must develop the master contracting model are the (1) Social Services, Education, Public Health, and Children and Families departments; (2) Policy and Management and Child Advocate offices; (3) Children's Trust Fund; and (4) Commission on Children.

To develop the model, they must:

1. identify appropriate opportunities for master contracts that align services and meet the holistic needs of children and families;
2. develop a methodology and protocols, including requirements for state agencies and local grantees;
3. ensure an accountability framework that incorporates results-based accountability principles;
4. identify any common requirements for funding from various sources and any related waiver provisions that can be accommodated by the model contract;
5. identify barriers under state or federal law to the effective utilization of the model;
6. work with qualified local planning groups to determine the most effective means of structuring the contract requirements; and
7. focus on, but not limit the model contract to, maternal and child health, literacy, family support, and early care and education programs.

MODEL CONTRACT CONTENTS

The model contract must (1) include research-based practices, (2) align categorical funding streams, (3) adopt common population outcomes for program implementation, (4) include monitoring and evaluation of outcomes using results-based accountability principles, and (5) establish protocols to work collaboratively with local communities and providers.

Service Coordination

The bill directs that the following services be coordinated in the model contract:

1. system prenatal care;
2. home visit services;

3. nutrition;
4. lactation counseling;
5. early screening and intervention services;
6. family safety net services to meet basic needs; and
7. other services deemed necessary to promote the mother's, father's, and child's well-being.

Prevention Strategies

The model must include prevention strategies based on:

1. serving families within the context of the family and community;
2. using strength-based approaches;
3. ensuring that services and systems are culturally competent;
4. emphasizing targeted research-based interventions;
5. organizing services into a coherent system;
6. establishing comprehensive service delivery pathways that are easy to navigate; and
7. focusing on performance measures to ensure that services are accountable, effective, and accessible to the consumer.

REPORTING

Beginning February 1, 2009, the bill requires the social services commissioner and policy and management secretary to jointly file annual reports with the Appropriations, Human Services, and Public Health committees. The reports must indicate progress made toward achieving the objectives of the model for master contracting.

BACKGROUND***Early Childhood Education Cabinet***

The governor formed the 10-member Early Childhood Education Cabinet in 2005 and directed it to develop and oversee strategies to ensure all of Connecticut's children enter school ready to learn. Its early childhood strategic plan is entitled *Ready by 5 and Fine by 9*.

The cabinet is composed of the governor; the developmental services, education, higher education, social services, children and families, and public health commissioners; Office of Policy and Management secretary; co-chairpersons of the Education and Human Services committees; and representatives from Head Start, the School Readiness Council, and the Commission on Children.

COMMITTEE ACTION

Select Committee on Children

Joint Favorable Substitute Change of Reference

Yea 9 Nay 1 (03/06/2008)

Human Services Committee

Joint Favorable Change of Reference

Yea 14 Nay 4 (03/18/2008)

Appropriations Committee

Joint Favorable

Yea 51 Nay 0 (04/01/2008)